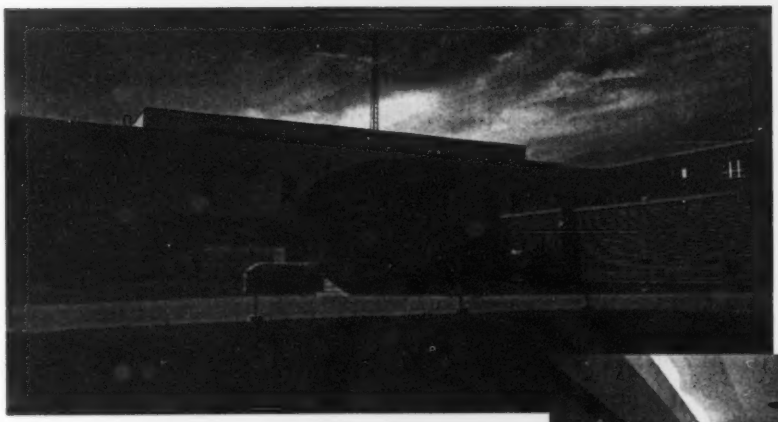
Alberton
Community Hospital Authority

Annual Report
2005 -2006



Western Hospital

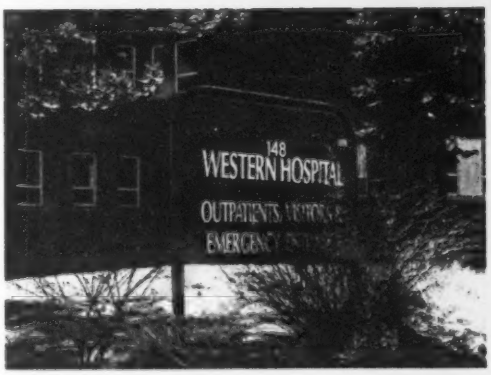


Table of Contents

Overview of Organization

- Organizational Chart 1
- Western Hospital Board and Senior Managers 2
- Organizational Mission, Vision, Values and Goals 3
- Board/Minister roles and responsibilities 4
- Staffing 5

Chairperson's Report 6

Administrator's Report 8

Report - Nurse Coordinator 11

Report - Support Services 13

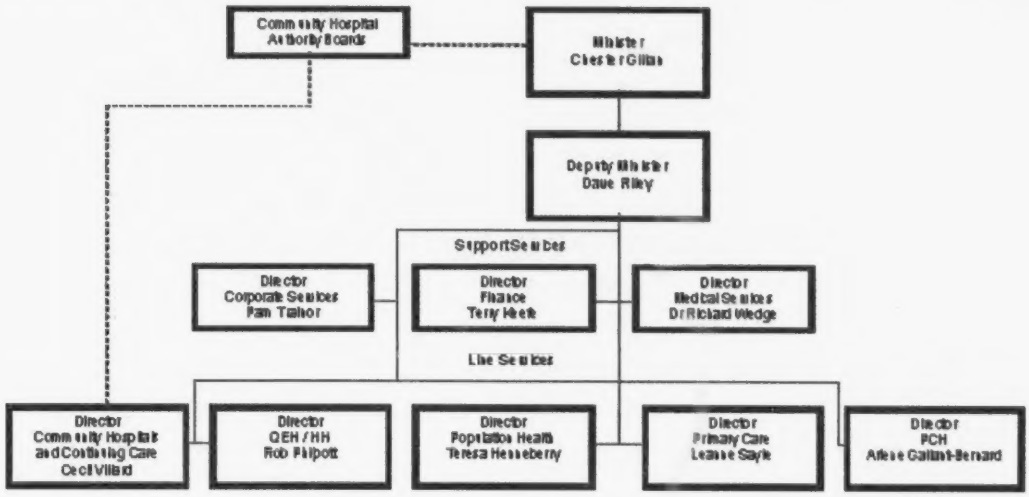
Service Utilization Report 15

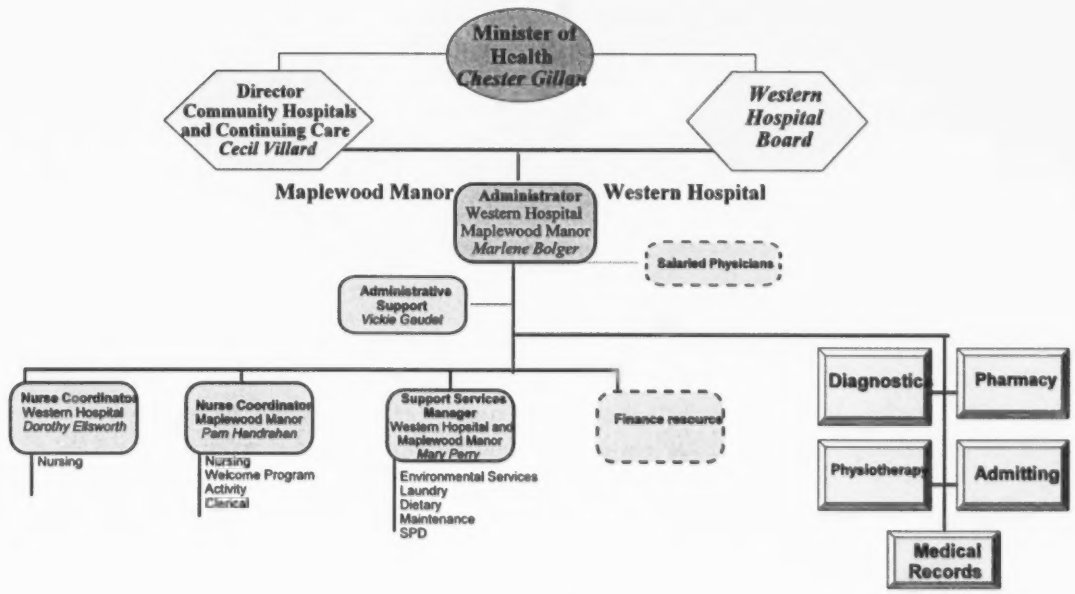
Western Hospital Foundation Activities 17

Western Hospital Auxiliary Activities 18

Financial Report 19

New Department of Health





ALBERTON COMMUNITY HOSPITAL AUTHORITY
BOARD OF DIRECTORS

Colleen Handrahan, Chairperson
Phyllis Porter, Vice Chair
Claude Dorgan
Donna Crocker
David Cahill

SENIOR MANAGEMENT

Marlene Bolger
Administrator

Mary Perry
Support Services Manager

Dorothy Ellsworth,
Nurse Co-ordinator

Mission

To provide a quality sustainable health care facility, by having a well-trained team of health care providers working together with our community at large.

Vision

The vision of Western Hospital is to inspire and support the people of our community to achieve optimal health.

Motto

"Better Health for All Our Community Residents"

Values

- We are committed to govern with accountability, foresight, and stewardship on behalf of our community of West Prince. As corporate citizens, we believe in partnership and we value diversity and group process.
- We empower our staff to deliver services that are outcomes based, with practices that show respect for others confidentiality, dignity, privacy and personal safety.
- We treat staff with respect and fairness and we value competence and continuous development, communication and openness.
- We believe in the delivery of services in a manner that shows prudence ethics and the avoidance of risk.

Board Goals

- People will have timely access to emergency and acute care services, provided in a safe and respectful environment.
- Communities will work together to support health care delivery.
- People will have information and support to make healthier choices for themselves and their families.
- Staff work in a healthy environment that promotes life long learning and well-being.

Minister's Responsibilities

- The Minister has ultimate authority for the Community Hospital Authorities and the Community Hospital Authority only has the authority delegated to them under the Act.
- The Minister will:
  - Establish annual performance targets with respect to:
    - Its development as an organization;
    - Its financial management;
    - Ensuring access to approved health services provided by the CHA;
    - Achieving satisfactory patient outcomes;
    - The level of patient satisfaction with the approved health services
      and
    - any other matters prescribed by the regulations.
  - Approve by-laws or policies of the CHA
  - Appoint the Administrator after consultation with the Board.

Board Responsibilities

- Accountable to the Minister
- Responsible for the operation and management of the community hospital
- Meets the regulations of the CHA Act and Hospitals Act
- Identifies and prioritizes the health services needs of the community
- Prepares an annual business plan and holds a public annual meeting

Western Hospital Permanent Staff Complement

(All are reported as FTEs - Full time Equivalents)

Admitting/Administration:	4.19
Medical Records	1.4
Physiotherapy	1.0
Pharmacy	
Pharmacist	0.5
Pharmacy Tech	0.2
Diagnostics	
Diagnostics Manager	0.5
Laboratory	1.5
X-Ray	1.5
Nursing	
Nurse Coordinator	1.0
RN	15.2
LPN	8.2
Ward Clerk	1.0
Clerk (Scheduler)	0.4
Support Services	
Housekeeping	4.0
Laundry	1.0
Maintenance	2.0
Nutrition	5.9
CSR	0.5
Physician Clinic	
Medical Secretary	1.0

Total Western Hospital Complement: 50.99 FTEs

Physician Compliment 5.0 (2 vacancies – 1 filled by locum)

Management (for both Western Hospital and Maplewood Manor)

Administrator	1.0
Administrative Assistant	1.0
Support Services Manager	1.0

(Nurse Co-ordinator for Western Hospital and Nurse Coordinator for Maplewood noted)

Annual Report of the Alberton Community Hospital Authority Board

As chairperson of the **Alberton Community Hospital Authority Board** responsible for Western Hospital Board I am pleased to present this annual report for the year ending March 31, 2006. Much of this report reflects the activities of Western Hospital for the entire year but with government restructuring the role of the current interim board only began officially on January 1st, 2006.

This board met for the first time on November 16, 2005. It was agreed to hold our meetings the first Wednesday of every month. As per the public announcement by the Minister of Health shortly after that, we are an interim board until new members are elected from the surrounding community.

All board members participated in an orientation day on January 7th at the Delta in Charlottetown. Topics included: roles of the Dept of Health and the boards, overview of the QE, and PC Hospitals, primary care services, business planning strategic planning/community needs assessment.

There have been a few changes to the hospital during the last year. One in particular, which we encouraged the administrator to move forward on after she presented the idea to us, was the clinic. It took some extra planning etc. on her part, but we considered it a priority back in December 2005. The ER was used more like a clinic then a proper ER so to alleviate the pressure there, we felt a proper in-house clinic would make more sense.

A special thank you goes out to the Provincial Women's Institute. This year's proceeds from their Annual Spring Gala, held at the culinary institute in Charlottetown, were shared between the Western Hospital, Community Hospital and Stewart Memorial Hospital. Thank you also to anyone who bought tickets or donated items to the auction for that evening.

In January we were given some insight into the nursing situation at Western Hospital. Dorothy Ellsworth, nurse coordinator, gave a presentation at our regular monthly meeting. Topics included: challenges to providing patient care, nurse recruitment and retention, budget, training, and the introduction of the electronic charting system.

On January 19th, we sent letters to various groups and organizations in the area inviting input as to the health care needs/issues of the surrounding communities. There was some feedback from this invitation. This board still remains open to any written responses to health care issues and to the direction of local healthcare overall.

The problems of physician and nurse recruitment and retention were coming up on our agendas for the first few months so the board decided to put together a group of volunteers from the surrounding community to look at that issue in particular. They met for the first time on February 14th and have been meeting monthly since then. There was a public welcome for Dr. Al-Kayssi on April 4th organized by that committee. It was agreed to keep the committee as an action committee and do what they could to entice nurses and doctors to come and to stay in the community. I would like to thank the following for their continued dedication to that over the past months: Dr Philip Hansen, Linda Blanchard (recruiter), Bev Ashley (nurse), Krystina Pottier (chair), Allan Curtis, (Alberton

Council), Brenda Doyle (Tignish Medical Centre), Sharon Handrahan (Tignish Area Resident), Phyllis Porter(Health Care Auxiliary and Hospital Board member) Hector MacLeod (Hospital Foundation). At present Linda is trying to make contact with medical residents at the Atlantic Medical schools who are interested in family practice. We are considering offering them site visits for a few days to show them the hospital and local attractions.

At our March meeting we had a presentation by two nurse practitioners. This was very informative and included topics such as their role in health care, scope of practice, the advantages of their services and studies supporting their positions. They stressed the importance of teamwork and partnering with physicians to make this system work. After thanking them for their time we assured them that we supported their efforts.

Since early in 2006 this board has worked to develop our mission, vision for the future, our goals and key objectives etc. See page 3

This board has met twice with the board of Community Hospital in O'Leary. Both hospitals have common issues and when feasible agree to work together for the common good of all West Prince residents. I think it is important to note that many people of the area use both facilities and are not loyal to one particular institution, emphasis being placed on receiving proper medical attention when they need it. On that note there was a flyer which both boards agreed to, that was sent out in May to the general public on health care information pertaining to West Prince. We also agreed to handle the community needs assessment in the same format. With the announcement of the one hospital for West Prince it is more important then ever to find some common ground for the future of health care in this area. We encourage everyone to be involved in the decisions for their health care and that of their families. We still have a few years before the "grand opening" to keep both institutions operational. By all communities working together may the transition be smooth.

We are now in the process of doing a business plan. Part of that is a community needs assessment. On November 1st, we held a focus group session with invited groups from the area. The results of this needs assessment will be presented at this meeting.

In closing, I would like to formally thank David, Donna, Phyllis and Claude for their commitment to this board. A special thank you to Marlene Bolger, administrator and Vickie Gaudet, her assistant, for all their help during the past year.

Respectfully Submitted by
Colleen Handrahan

ADMINISTRATORS REPORT

As administrator of Western Hospital I wish to submit the following report for the year ending March 31, 2006. Additionally, I will highlight some significant events from that time to the present for your information.

This year was one of major change. In April government announced a major restructuring of the health system. This change resulted in the disbandment of West Prince Health and the bringing together of all the health services under the Department of Health and the social program under the Department of Social Services and Seniors. The five community hospitals came under the new Community Hospitals Authority Act with the creation of community boards for each of the community hospitals. As a result, many administrative and management staff were laid off and had to go through the process of applying and competing for the newly created positions within the new organizational structure. Some staff chose to take early retirement, some left the system to take employment elsewhere while others accepted new positions within the new departmental structure. Through this process we lost experience, skills and corporate history that is valuable to any organization. Change can be difficult but it can also be re-invigorating to an organization as roles change and new staff bring forth new ideas. With the restructuring came greater opportunities to work with the other community hospitals across the province, to work more closely with the departmental staff and to minimize duplication of efforts in many areas such as ethics, quality management, etc.

Over the spring and summer the previous administration of West Prince Health maintained the delivery of services and on November 1, the new administration took over the management of the facilities. There was a steep learning curve for all as we took on our new roles. Being that all the community hospitals had experienced similar changes, staff in all the facilities supported each other as they became familiar with their new roles.

The new interim board for the hospital was appointed and the first meeting was held in November. The Board is very committed and I want to thank them for them tireless efforts and support over the past year.

In mid December staff and the community was shocked and saddened by the death of Dr. Colemen Morrissey. Dr. Morrissey was an integral part of Western Hospital for over 36 years. He carried a large practice and was loved by all his patients. He was highly respected by staff and other physicians. Even when he wasn't on call staff knew they could count on him to come in if needed.

Physician recruitment has been one of the key activities over the past several months and continues to be. Prior to Dr. Morrissey's death, we had been recruiting a locum physician to cover Dr. Morrieesy's practice, as he had been off due to illness since June. Following his death the efforts turned to recruiting for a permanent physician. Recruiting to a rural practice with a heavy on-call schedule is very difficult but we were fortunate to have Dr. Nabil Al-Kayssi join our medical staff on February 14, 2006. Unfortunately, however, Dr. Ahmed Elmezighi tendered his resignation in March leaving us again with a vacancy. Efforts have continued to try to recruit a physician to fill this vacancy but to date we have been unsuccessful. We have had some locums come for short periods

of time to assist. We have been fortunate to have had Dr. Bajelan from NFLD come several times for 2-3 weeks at a time to assist, but without another full time physician, the needs of the residents for consistent medical care is going unmet.

In February, the Board invited a group of people representing various areas and organizations to form a Physician and Nurse Recruitment Committee. This committee has been very active with such activities as organizing a welcome gathering for Dr. Al-Kayssi, seeking out support from the community to support the recruitment efforts through additional incentives, and advocating for more emphasis on the recruitment of physicians to rural areas.

We have been fortunate to have the support of the department in the extension of a position in West Prince dedicated to physician recruitment. Linda Blanchard has been in this position and I want to thank her for her tireless efforts. There have been several physicians whom we have had contact with but for various reasons they have either decided not to come to Western Hospital or do not meet the requirements to be licenced by the PEI College of Physicians and Surgeons.

In November, government announced the plan to move forward with a public consultation to gain the views of the public on the concept of building a new centrally located hospital for West Prince. This new facility would consolidate the acute care services into one facility and the existing acute facilities would possibly be used to meet other health needs of the region.

With the physician shortage in both this community and in O'Leary, we were experiencing a very significant increase in the utilization of the emergency department for non-emergency needs. People had no other option but to go to the ER to have their needs addressed when they either did not have a family doctor or could not be seen when needed. This large increase also had a serious impact on the physicians covering the ER. After much consultation with the staff, physicians, and the department in the spring of 2006, it was decided to start a walk-in clinic model of service delivery for those patients with non-ER needs who did not have access to a family physician. Walk-in clinics are now held at specific times, most afternoons, in the early evening and on Saturday afternoons. Although this model has been successful in alleviating the demand on the ER and has been generally well received by the public. The need for another physician in an established practice ensuring continuity of patient care is still very evident.

During the past year the need for major roof repairs continued to be made known to the department and finally this fall funds were allocated to repair one section of the roof. The smoking area has also been a issue and it was decided to relocate the smoking area. So far it has been well received and those smoking will be required to use that area in the winter as well.

The foundation and auxiliary continue to be strong supporters of the hospital. The foundation had approved the purchase of a new cardiac monitor system which was installed recently. The auxiliary is very active and have provided for the purchase of many items during the past year.

In December the PEI Women Institute contacted us regarding their desire to give the proceeds of their spring gala dinner and auction to the three community hospitals in the western part of the province. Both the auxiliary and foundation assisted in the promotion of this event and the procurement of items for the auction. The dinner was held in May and was a major success raising

over $4,000. This money had been earmarked to go toward the purchase of a wandering patient system. The PEI Command of the Royal Canadian Legion also made a donation to the hospital which was used to purchase a Fibre Optic Scope for use in the ER.

On January 13th the official kick off of the Clinical Information System, generally referred to as the Cerner project, was held. This is a provincial initiative that will see all the hospitals being equipped with a electronic health record system by next summer. This has been very demanding on staff time as they participate on various provincial committees needed to build the system. However, staff are all very excited about the project and look forward to the time when it will be fully operational. This new system will also have a positive impact on patient care in that staff and physicians will have more timely access to patient information.

Although it may be an old cliche, our staff really are our greatest asset. Without our staff--all our staff: housekeeping, dietary, nursing, pharmacy, diagnostics, physiotherapy, admitting, medical records, laundry, maintenance, physician clinic staff and our physicians--we would not be able to function as a hospital. Over the past year we welcomed several new staff and said good by to other. I would like to acknowledge especially those who retired during the past year- Marie DesRoches and Cheryl O'Meara. As well, during the year we acknowledge staff on their work anniversary dates and those reaching special milestones.

We were very pleased this past summer to again be able to offer summer employment to nursing students entering their third or fourth years and several have signed return-in-service agreements under the BN sponsorship program which will support our nursing recruitment needs.

Following the consultation with the community in the spring, it was announced that a new hospital would be build in Bloomfield with a start date expected to be in the 2008. Over the next several months, staff will be involved in the identification of the core services and functional planning for the new facility.

Other significant activities we are currently engaged in include the development of a pandemic plan for the region in the event of a major flu outbreak; the development of a business and strategic plan for the facility by the Board and management; and the completion of the self assessment in preparation for the next accreditation survey visit in the fall 2007.

I wish to thank all the staff of Western Hospital and a special thanks to Dorothy Ellsworth, Nursing Coordinator and Mary Perry, Support Services Manager who work tirelessly to ensure the patients receive the best possible care. Thank you to Vickie Gaudet, for all her assistance in making the administration office run smoothly and also to Pam Handrahan, nursing coordinator for Maplewood Manor. Although Maplewood Manor is not under the Board, it is part of the our management structure for Community Hospitals and Continuing Care - Alberton and play an integral role to providing care to our seniors.

Respectfully submitted,
Marlene Bolger
Administrator

ACUTE CARE - WESTERN HOSPITAL
NOVEMBER 2006

The Acute Care Nursing Department at Western Hospital provides 24 hour emergency services as well as in-patient care. Western Hospital consists of twenty-five Acute Care beds and two Palliative Care beds. Nurses provide care, support and leadership to all clients in need.

Western Hospital has had to deal with numerous changes over the past year. The PEI Government restructuring of health care has been a tremendous adjustment for all. In December, nursing staff were very saddened at the tragic loss of Dr. Coleman Morrissey. As nurses, we grieved the loss of this great physician. Staff were allowed to share many wonderful memories of this healer, teacher, mentor and friend, following his death, at a ceremony in the hospital chapel organized by Marlene Bolger. We continue to miss Dr. Morrissey's Irish wit, wisdom, common sense approach and his teasing. We have truly lost an advisor in patient care.

We continue to struggle with recruitment and retention of nurses. This is extremely essential to ensure relief to staff in the way of vacation, sick leave, replacement and education requests. We lost 3 RN's and 1 LPN this past year due to retirements and transfers out of PEI.

We have successfully recruited 2 new RN's from UPEI School of Nursing. We welcome them both and continue to mentor each towards acquiring and enhancing the skills so essential in our rural health setting. We are very grateful for the PEI Government's reinstatement of the BN Sponsorship Program as this will go a long way in recruiting nurses to practice in rural PEI. I am truly convinced that without this program Western Hospital would not be able to operate at the present capacity.

We need to continue to focus on retraining the nurses that we have within our system at present, in order to keep our staffing compliment at a level that ensures quality patient services.

We enjoyed a summer where five 3rd year BN students were eager to work at Western Hospital. All of our summer students were very pleasant and eager to assist. These enthusiastic, helpful students certainly lessened the workload at Western Hospital this past summer and we are holding our breath hoping we can get a commitment from all five to work permanently this year. There now appears to be a light at the end of the tunnel.

We are fortunate and grateful for all the excellent dedicated nursing staff who participate in numerous educational opportunities. We continue to support staff in continuing education by enabling them to attend workshops. Western Hospital makes every effort to bring education sessions to use to eliminate lengthy travel. Nursing staff attended the following training during the past year:

- Inservice on new IV pumps (RN's & LPN's)
- Adult CTAS and Peds CTAS (National program recommended by Canadian Association of Emergency Physicians and NENA for all RN's who are doing triage)
- Focus charting (RN's & LPN's)
- Unstable Pediatric presentations
- Care of sexual assault presentations
- Physical assessment
- ACLS & PALS

- Basic Cardiac Rhythm Course
- Trauma Nursing Care Course (TNCC)
- Palliative Care Workshop (Pain & Symptom Management)
- 2nd Annual Clinical Day in Pain Management
- CPR Certification with new guidelines (RN's & LPN's)
- Fire Drill Inservice (RN's & LPN's)
- Yearly inservices on Lifeline and Equipment reviews (RN's & LPN's)
- New cardiac monitors.

The Continuous Quality Improvement process is continuing on a regular basis as we work towards Accreditation Evaluation for September 2007. This process helps guide us in identifying risk areas and improving patient care.

Nursing staff participate and continue to be active on various committees:

- Occupational Health & Safety
- Pharmacy & Therapeutics
- Infection Control
- Medical Staff
- Employer/Employee Committee
- CIS (Clinical Information Systems - Cerner)
- Acute Care CQI (RN & LPN)
- Interdepartmental
- Palliative Care
- Patient Satisfaction Survey
- Wilkinson Nurses Bursary (PCH)
- Acute Care CQI

I would like to acknowledge the following nurses Myra Ramsay, RN and Judy Adams, RN BScN who provide education for the yearly update to all RN's and LPN's at Western Hospital. Also, Arlene Perry, RN and Darlene Getson, RN who became competent in the new guidelines for CPR teaching and continue to provide CPR courses to all our nursing staff. The dedication of these nurses is a valuable asset to our team.

We would not be able to operate our hospital without the commitment and support of the Foundation and Auxiliary. Thank you for your ongoing generosity of time and contributions.

I would like to thank the physicians for their continued support the Acute Care Services at Western Hospital.

Finally, I would like to thank the staff for their commitment and dedication to supporting Acute Care at Western. Staff shortages have resulted in difficult times, but once again we are fortunate and grateful to have such committed staff providing the highest level of quality Acute Care. I appreciate each and everyone very much.

Respectfully submitted by
Dorothy Ellsworth, Nurse Co-ordinator

MAINTENANCE, SUPPORT SERVICES AND MATERIALS MANAGEMENT
October 31, 2005 - March 31, 2006

The services provided by these divisions are: Maintenance, Housekeeping Laundry, CSR, Nutrition Services.

Due to the re-structuring that took place in the year 2005, this report will capture some of the highlights and activities for the various services for the past six months.

Firstly, I personally want to thank all the staff for their continued efforts, support and contributions to Maplewood Manor and Western Hospital.

Environmental/Maintenance

Waste Management.
Superior Sanitation has taken over the collection of garbage from both facilities. Maintenance staff were successful in getting paved areas in order to accommodate the new waste bins. To date, the removal of waste is running smoothly.

We continue to have a working relationship with PEI Pest Control and the Department of Environment to ensure our buildings meet Provincial Standards. Regular inspections are ongoing for each building and respond to issues as identified.

Annual and regular inspections are in place to ensure all systems and buildings meet provincial building standards and codes.

Maintenance staff maintain the grounds at each facility to ensure a pleasing, safe and clean environment. Given that this type of work can be impacted by weather conditions and limited resources it is often a challenge for staff to meet their standards. We appreciate every effort staff and others make when they take responsibility for their own personal safety when in or around the properties.

Maintenance staff take a leadership role for fire and safety and are responsible to ensure fire standards are met, ensuring client and staff safety is a high priority. Maintenance schedule and carry out monthly rotating fire drills to ensure day, evening and night staff receive training and exposure to the process.

The staff of Environmental Services take great pride in maintaining a clean, safe, pleasing and aseptic environment for the comfort and safety of all their clients. This team continues to successfully meet or exceed the expectations and standards for Environmental, Laundry and CSR services. Processes are in place and evaluated for all service areas.

We often hear from others "You could eat off these floors"; "These have got to be the cleanest buildings around".

Environmental services staff are involved in the many aspects of the clients stay and are a key support to those who need help with all the extras around a building; ie moving furniture, setting up offices and meeting rooms, etc.

In the area of central supply we've become more vigilant regarding infection control. We've purchased a new dual-steri sealer and are doing Biological Testing daily.

Support services maintain and manage the life line service and equipment loan for Western Hospital and areas.

Nutrition & Food Services

Nutrition and Food Services does not just exist to produce "*hospital food*" they prepare and provide "*real*" home style cooking.

This team is tasked to maintain high standards in food preparation service, personal hygiene, safety, etc. They are required to have a knowledge of speciality diets, WHMIS, poison control, menu development, communication skills and health and safety.

Besides meal preparation for residents, clients and meals on wheels, they supply food for: long term care parties, volunteer functions, meetings, recognition events, palliative care, and list goes on.

Management recognizes the quality service provided by this division and often received positive feedback "excellent staff"; "excellent cooks"; "great food".

Education

Management continues to support opportunities for staff education; however, because of limited resources, we are challenged to find creative ways to respond to all the educational needs.

To staff who completed all mandatory training, i.e. WHMIS, etc. Good Work!

Conclusion

In closing I want to add that the support staff within these divisions work very well in supporting the operational needs of their facilities. Our challenge and goal for the upcoming year will be to find ways and means to measure our successes and identify inefficiencies.

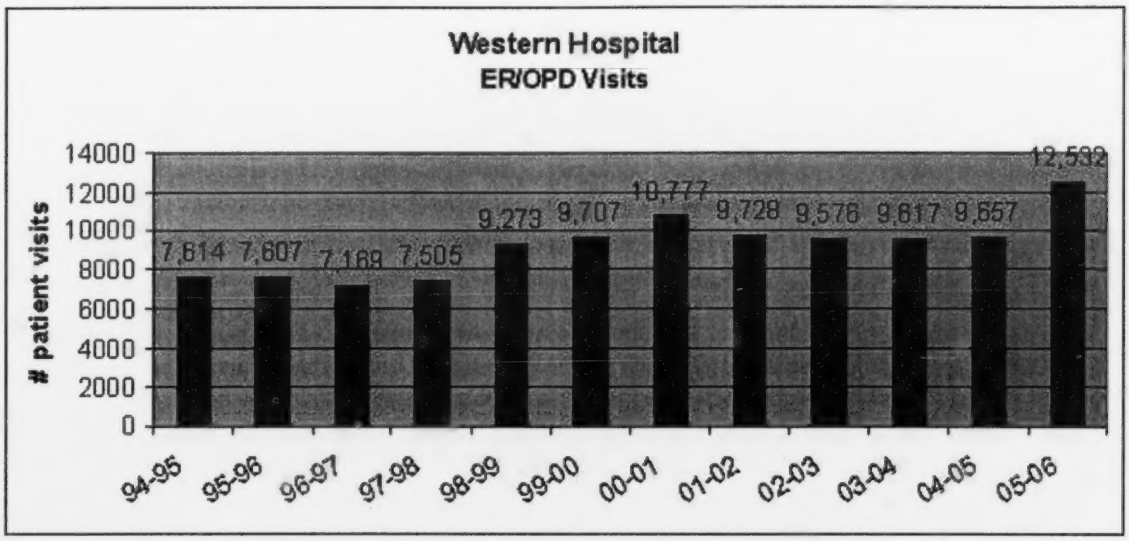
Respectfully submitted by
Mary Perry
Support Services Manager

Service Utilization Report

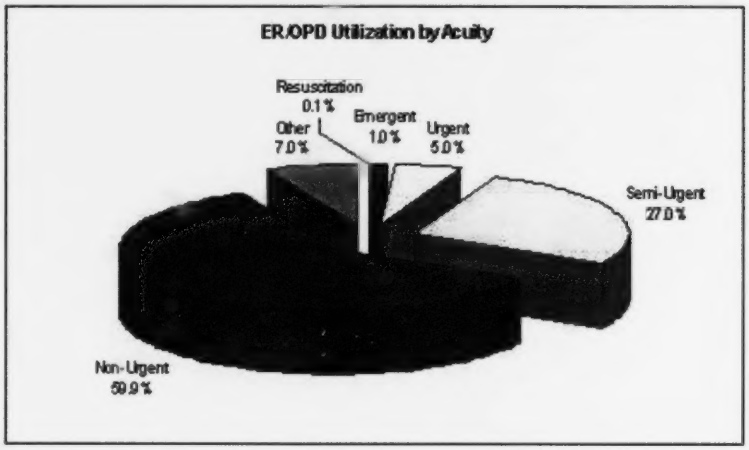
WESTERN HOSPITAL				
N-PATIENTS	2002-03	2003-04	2004-05	2005-06
# of beds in service	27	27	27	27
# admissions	1,042	978	1,049	965
# patient days	6,170	6,140	5,877	6101
Avg. length of stay	6.1	6.3	8.8	6.3
Occupancy rate	62.6%	62.1%	64.4%	67%
EMERGENCY DEPT				
# visits	9,576	9,617	9,657	12,532
LABORATORY				
# Patient visits	9,242	9,281	10,090	10,639
# Tests completed on site	39,437	39,030	45,411	56,241
# Tests referred out	33,303	33,029	46,425	50,597
Total Workload units	254,572	264,322	269,455	290, 034
RADIOLOGY				
X-RAY				
# Patient Visits	2,553	2,726	2,744	2,568
# Procedures	2,883	3,064	3,303	3,106
ECG				
# procedures	1,648	1,937	2,008	2,094
HOLTER				
# procedures	40	41	38	40
Total workload units	NA	NA	NA	99,786
PHYSIOTHERAPY				
# Inpatient Attendances	388	326	285	NA
# Out Patient Attendances	870	600	637	NA
OUT-PATIENT SPECIALIST'S CLINIC				
# patient visits	1,103	1,112	1,195	1,357

Highlights:

- The total inpatient admissions decreased from 1049 to 995 last year.
- The total number of patient days spent in hospital increased slightly from 5877 to 6101, similar to previous years.
- The occupancy rate increased from 64.4% to 67%. This rate is not adjusted for summer or Christmas bed closures which would increase the overall occupancy slightly
- The average length of stay regionally decreased from 8.8 days to 6.3days, returning to a rate more consistent with previous years.



- In 2005-06 there were 12,532 ER/Outpatient visits. As can be seen in the graph above this is a very significant 30% increase from the previous year and an 65% increase from 10 years earlier.



For these 12,532 patient visits, the acuity level was assessed as:

- 20 (0.1%) required resuscitation
- 111 (1%) required emergent care
- 646 (5%) required urgent care
- 3344 (27%) were semi-urgent
- 7469 (60%) were non-urgent
- The remaining 941 (7%) came for planned (elective) visits for minor procedures etc or left before being seen

- This graph shows the overall % breakdown for the various levels of acuity for both un-planned and planned (elective) visits to the ER/OP departments.

- There were 1,357 patient visits to outpatient specialists clinics.

- The Radiology department service utilization was similar to the previous year. There were 3,106 x-ray procedures completed for 2,568 patients, 40 Holter monitors, and 2,094 ECGs completed.

- Patient visits to the lab increased by 5% this past year but the number of tests completed on site increased by 24% and the test referred out increased by 9%. This increase is evident by the significant in the workload units for the lab.

Annual Report of Western Hospital Foundation

The Western Hospital Foundation remains committee to purchasing equipment for Western Hospital. Monies are still coming in from a fund raising campaign that we launched three years ago. We had four meetings this year and will be having our annual meeting in December. We have nine board members that faithfully attend the meetings.

Submitted by Jean Cahill
Recorded Keeper/Secretary

Annual Report of Western Hospital Healthcare Auxiliary

Our Auxiliary consists of 22 very dedicated individuals. We meet first Monday of every month, average attendance 12-14 members. Patient favors for trays and flower arrangements for the gift shop are done faithfully by Auxilian, Theresa Doucette. The "Bargain Nook" is co-managed by Lynda Leard and Debby McCue. Debby has brought many new ideas to the Nook and the Nook has taken on a fresh new look, making shopping there a pleasure. The Nook continues to be a major fund raiser for the Auxiliary. Many thanks go out to the many Volunteers who give so many hours in this area. In April we had a Volunteer supper to honor our many Volunteers.

This is our 3rd year for giving a $500.00 Bursary to a 2nd year student in the Health field. This past year it was given to Susan Dunn, 2nd year Medical student. This year we gave $9,411.05 for equipment for different departments of the hospital. We also provide the Readers Digest and 2 subscriptions of Journal Pioneer for our patients. We give a donation of food for the annual staff Christmas tea. Two memorial gifts were given and $100.00 donation for Relay of Life.

We were deeply saddened by the untimely death of Dr. Coleman Morrissey in December 2005. At our January meeting we felt we must do something to honor Dr. Morrissey, as well as other physicians who had given many years of service to Western Hospital. A committee was struck with Donna Crocker as chair. They proceeded to contact families to obtain pictures. On Nov. 6th we had the unveiling of portraits of five Physicians; Dr.Roy Kennedy, Dr.Nicholas Bruvels, Dr.Stan Hellmich, Dr. Wilbert Shea, and Dr. Coleman Morrissey. It was heartwarming to see so many family members present. There are still some physicians whose pictures, as yet, we have been unable to locate pictures of. We are hoping someone will come forward with information.

We held three lotteries over the past year; our Christmas lottery; Spring lottery, being a lovely framed picture of a Mother and Child, donated by Primrose Lane Florists; and the fall lottery was for $1,000.00, drawn October 31st.

This year we celebrated our 60th Anniversary as an Auxiliary. At our Annual meeting in June ten members of our auxiliary were presented with Life Membership certificates and pins. This is in recognition of fifteen years or more of service to the Auxiliary. Presentation was made by our Provincial President Susan Cameron. These Auxilians are, Donna Crocker, Theresa Doucette, Doris Dunn, Sheila Gallant, Lynda Leard, Lona Crane, Louise Gavin, Eileen Bernard, Elaine Fraser and Paula Crockett. This is an honor well deserved, congratulations to all of you.

Western Hospital means a great deal to all of us and we will continue to support, by doing all we can to aide its's staff and patients.

Respectively submitted by President, Phyllis Porter

Financial Report

An audited financial statement is not available for the 2005-06 year at this time.